



3-14-05

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C.O.E

PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

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|   |                        |                        |
|---|------------------------|------------------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number     | 09/977,512-Conf. #3988 |
|   | Filing Date            | October 12, 2001       |
|   | First Named Inventor   | David S. Allison       |
|   | Art Unit               | 2124                   |
|   | Examiner Name          | T. A. Vu               |
| Total Number of Pages in This Submission  | Attorney Docket Number | 16159/092001; P5940    |

| ENCLOSURES (Check all that apply)   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment/Reply<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input checked="" type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><br>PTO Form SB08 w/1 reference Postcard |
| Remarks   |  |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                   |          |        |
|--|-------------------|----------|--------|
| Firm Name                                  | OSHA & MAY L.L.P. |          |        |
| Signature                                  |                   |          |        |
| Printed name                               | Robert P. Lord    |          |        |
| Date                                       | March 3, 2005     | Reg. No. | 46,479 |

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Dated: March 3, 2005

Signature: (Brenda C. McFadden)



## FEE SUMMARY SHEET

### Information Disclosure Statement By Applicant (PTO SB-08)

Date: March 2, 2005  
Time: 10:33 AM  
Docket: 16159/092001

Filing Date: October 12, 2001  
Application No: 09/977,512  
Total Fee: \$ 180.00

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| Code | Amount | 37 CFR  | Fee Description   | Listed on                   |
|------|--------|---------|---|-----------------------------|
| 1806 | 180.00 | 1.17(p) | Submission of an<br>Information Disclosure<br>Statement | Fee Transmittal (PTO SB-17) |




|   |  |                          |                        |
|---|--|--------------------------|------------------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> |  | <b>Complete if Known</b> |                        |
| <b>FEE TRANSMITTAL</b><br><b>For FY 2005</b>  |  | Application Number       | 09/977,512-Conf. #3988 |
|   |  | Filing Date              | October 12, 2001       |
|   |  | First Named Inventor     | David S. Allison       |
|   |  | Examiner Name            | T. A. Vu               |
|   |  | Art Unit                 | 2124                   |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                    |  | Attorney Docket No.      | 16159/092001; P5940    |
| <b>TOTAL AMOUNT OF PAYMENT</b>  |  | <b>(\$)</b>              | 180.00                 |

|   |   |
|---|---|
| <b>METHOD OF PAYMENT (check all that apply)</b>   |   |
| <input type="checkbox"/> Check  | <input checked="" type="checkbox"/> Credit Card   |
| <input type="checkbox"/> Money Order  | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please identify): _____   |   |
| <input checked="" type="checkbox"/> Deposit Account   | Deposit Account Number: <u>50-0591</u> Deposit Account Name: <u>Osha &amp; May L.L.P.</u> |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                |   |
| <input type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee         |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                               |

|   |                     |   |                      |                                  |                         |                              |                       |
|---|---------------------|---|----------------------|----------------------------------|-------------------------|------------------------------|-----------------------|
| <b>FEE CALCULATION</b>  |                     |   |                      |                                  |                         |                              |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                      |                                  |                         |                              |                       |
|   | <b>FILING FEES</b>  |   | <b>SEARCH FEES</b>   |                                  | <b>EXAMINATION FEES</b> |                              |                       |
| <b>Application Type</b>   | <b>Fee (\$)</b>     | <b>Small Entity Fee (\$)</b>                            | <b>Fee (\$)</b>      | <b>Small Entity Fee (\$)</b>     | <b>Fee (\$)</b>         | <b>Small Entity Fee (\$)</b> | <b>Fees Paid (\$)</b> |
| Utility   | 300                 | 150   | 500                  | 250                              | 200                     | 100                          |                       |
| Design  | 200                 | 100   | 100                  | 50                               | 130                     | 65                           |                       |
| Plant   | 200                 | 100   | 300                  | 150                              | 160                     | 80                           |                       |
| Reissue   | 300                 | 150   | 500                  | 250                              | 600                     | 300                          |                       |
| Provisional   | 200                 | 100   | 0                    | 0                                | 0                       | 0                            |                       |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                      |                                  |                         |                              |                       |
| <b>Fee Description</b>  | <b>Fee (\$)</b>     | <b>Small Entity Fee (\$)</b>                            |                      |                                  |                         |                              |                       |
| Each claim over 20 (including Reissues)   | 50                  | 25  |                      |                                  |                         |                              |                       |
| Each independent claim over 3 (including Reissues)  | 200                 | 100   |                      |                                  |                         |                              |                       |
| Multiple dependent claims   | 360                 | 180   |                      |                                  |                         |                              |                       |
| <b>Total Claims</b>   | <b>Extra Claims</b> | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b> | <b>Multiple Dependent Claims</b> |                         |                              |                       |
| _____   | - = _____           | x _____ = _____   |                      | <b>Fee (\$)</b>                  | <b>Fee Paid (\$)</b>    |                              |                       |
| <b>Indep. Claims</b>  | <b>Extra Claims</b> | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b> |                                  |                         |                              |                       |
| _____   | - = _____           | x _____ = _____   |                      |                                  |                         |                              |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                      |                                  |                         |                              |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                      |                                  |                         |                              |                       |
| <b>Total Sheets</b>   | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b>      | <b>Fee Paid (\$)</b>             |                         |                              |                       |
| _____ - 100 = _____   | /50                 | _____ (round up to a whole number) x _____              | = _____              |                                  |                         |                              |                       |
| <b>4. OTHER FEE(S)</b>  |                     |   |                      |                                  |                         |                              |                       |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                      |                                  |                         |                              | <b>Fees Paid (\$)</b> |
| Other (e.g., late filing surcharge): <u>1806 Submission of an Information Disclosure Statement</u>  |                     |   |                      |                                  |                         |                              | <u>180.00</u>         |

|                     |                    |                                   |                |
|---------------------|--------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                    |                                   |                |
| Signature           | <u>[Signature]</u> | Registration No. (Attorney/Agent) | 46,479         |
| Name (Print/Type)   | Robert P. Lord     | Telephone                         | (713) 228-8600 |
|                     |                    | Date                              | March 3, 2005  |

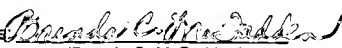
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| Dated: March 3, 2005  | Signature: <u>[Signature]</u> (Brenda C. McFadden) |



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Dated: March 3, 2005

Signature

  
(Brenda C. McFadden)

Docket No.: 16159/092001; P5940  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
David S. Allison

Application No.: 09/977,512

Confirmation No.: 3988

Filed: October 12, 2001

Art Unit: 2124

For: METHOD AND APPARATUS FOR  
RUNTIME BINDING OF OBJECT  
MEMBERS

Examiner: T. A. Vu

**INFORMATION DISCLOSURE STATEMENT (IDS)**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Pursuant to 37 CFR 1.56, 1.97 and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached PTO/SB/08. It is respectfully requested that the information be expressly considered during the prosecution of this application, and that the references be made of record therein and appear among the "References Cited" on any patent to issue therefrom.

This Information Disclosure Statement is filed after the mailing date of a First Office Action or Notice of Allowance, whichever occurred first, but on or before payment of the Issue Fee (37 CFR 1.97(d)). Applicant(s) hereby petition(s) that the Information Disclosure Statement be considered.

I hereby certify that no item of information contained in this Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign application and, to my knowledge after making reasonable inquiry, no item of information contained in this Information Disclosure Statement was known to any individual designated in 37 CFR 1.56(c) more than three months prior to the filing of this Information Disclosure Statement.

A copy of each reference on the PTO/SB/08 is attached.

Please charge our Credit Card in the amount of \$180.00 covering the fee set forth in 37 CFR 1.17(p). Credit Card Payment Form SB-2038, with a signature from an authorized cardholder, is enclosed. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 50-0591, under Order No. 16159/092001; P5940. A duplicate copy of this paper is enclosed.

Dated: March 3, 2005

Respectfully submitted,

By 

Robert P. Lord  
Registration No.: 46,479  
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| <b>Substitute for form 1449A/B/PTO</b><br><br><b>INFORMATION DISCLOSURE<br/>STATEMENT BY APPLICANT</b><br><br>(Use as many sheets as necessary) |   |    | <b>Complete if Known</b> |                        |                     |
|   |   |    | Application Number       | 09/977,512-Conf. #3988 |                     |
|   |   |    | Filing Date              | October 12, 2001       |                     |
|   |   |    | First Named Inventor     | David S. Allison       |                     |
|   |   |    | Art Unit                 | 2124                   |                     |
|   |   |    | Examiner Name            | T. A. Vu               |                     |
| Sheet   | 1 | of | 1                        | Attorney Docket Number | 16159/092001; P5940 |

| U.S. PATENT DOCUMENTS |                          |  |                                |  |   |
|-----------------------|--------------------------|--|--------------------------------|--|---|
| Examiner<br>Initials* | Cite<br>No. <sup>1</sup> | Document Number                          | Publication Date<br>MM-DD-YYYY | Name of Patentee or<br>Applicant of Cited Document | Pages, Columns, Lines, Where<br>Relevant Passages or Relevant<br>Figures Appear |
|                       |                          | Number-Kind Code <sup>2</sup> (if known) |                                |  |   |
|                       |                          |  |                                |  |   |

| FOREIGN PATENT DOCUMENTS |                          |   |                                   |  |   |                |
|--------------------------|--------------------------|---|-----------------------------------|--|---|----------------|
| Examiner<br>Initials*    | Cite<br>No. <sup>1</sup> | Foreign Patent Document   | Publication<br>Date<br>MM-DD-YYYY | Name of Patentee or<br>Applicant of Cited Document | Pages, Columns, Lines,<br>Where Relevant Passages<br>or Relevant Figures Appear | T <sup>6</sup> |
|                          |                          | Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known) |                                   |  |   |                |
|                          |                          |   |                                   |  |   |                |

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup>Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup>For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup>Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>6</sup>Applicant is to place a check mark here if English language Translation is attached.

| NON PATENT LITERATURE DOCUMENTS |                          |   |                |
|---------------------------------|--------------------------|---|----------------|
| Examiner<br>Initials*           | Cite<br>No. <sup>1</sup> | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | T <sup>2</sup> |
|                                 |                          |   |                |
|                                 | CA                       | Drake, Fred L. Jr.; "Documenting Python"; 03/22/2000, Release 1.5.2; 38 pages; Corporation for National Research Initiatives, Reston, VA  |                |

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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|                       |  |                    |  |
|-----------------------|--|--------------------|--|
| Examiner<br>Signature |  | Date<br>Considered |  |
|-----------------------|--|--------------------|--|



Application No. (if known): 09/977,512

Attorney Docket No.: 16159/092001; P5940

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Brenda C. McFadden

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